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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Contents for this week's MEDNEWS:

Headline: Portsmouth provides virtual tour of new center
Headline: NEPMU-7 ensures safe facilities for deployed troops
Headline: Depleted uranium exposure notification
Headline: Who are you? DNA registry knows
Headline: TRICARE question and answer
Headline: Healthwatch: Breast self-exam: Why, When and How?

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Headline: Portsmouth provides virtual tour of new center
By LCDR Chris Pratt, Naval Medical Center, Portsmouth

PORTSMOUTH, Va. -- Naval Medical Center, Portsmouth (NMCP) recently launched a website-based virtual tour of its new state-of-the-art, facility, the Charette Health Care Center (CHCC).

The tour will help customers learn about the hospital and its features before the building becomes operational. To experience the virtual tour, visit NMCP's website at <http://www-nmcp.med.navy.mil>.

By visiting the web site, hospital staff and future patients can familiarize themselves with the location of NMCP clinics and services before the building is scheduled to open for business in the fall of 1999.

"We were trying to come up with an idea of how staff and patients could see what the interior of the CHCC looks like," said HM3 Melissa Olney of the Transition Task Force and principle tour designer. "We aren't always able to get people inside for tours due to the construction, so this is a great substitute."

The tour begins with an introduction page giving general information about the new facility. From there the user can journey to links of each of the hospital's five floors. Each floor then includes links to each clinic and ward located on that floor. Every clinic and ward has its own homepage, featuring a list of space characteristics, as well as photos showing construction in progress. Both the photos and text will be updated on a monthly basis as the building nears

completion.

"The tour is a dynamic, living thing," said Olney. "We want to make sure that customers are able to keep up with the latest progress on their hospital."

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Headline: NEPMU-7 ensures safe facilities for deployed troops

By ENS Daron Patton, MSC, NEPMU - 7

SIGONELLA, SICILY --Living standards may not be as comfortable for Sailors and Marines deployed to remote regions, but they can take comfort in the safety of the food they eat, the water they drink, and even the place where they sleep. That's because choosing safe food and water sources and satisfactory berthing for deployed Sailors and Marines is the work of Navy Environmental and Preventive Medicine (NEPMU) units.

Navy Environmental and Preventive Medicine Unit-7 recently returned from a successful pre-deployment sanitary survey in Yemen. The mission was to examine local villages and towns to determine the most healthful places to accommodate U.S. personnel who will be training in Yemen.

As part of this mission, LT Rohini Suraj, MSC, inspected several local medical clinics, galleys and potential quarters for habitability and sanitation. She also examined water and waste water sanitation, solid waste disposal, the habitability of living structures and food sanitation. In addition, Suraj surveyed local, more public areas like restaurants where U.S. personnel are likely to spend off-duty hours to see what risks were present.

Some of the conditions encountered during the visit include cats running free in food preparation areas, improper disposal of medical wastes and incorrect treatment of local swimming facilities. Suraj also discovered that local blood supplies are not screened for many disease-causing agents, a requirement in American blood banks. This makes careful selection of emergency medical treatment sources for Sailors and Marines deployed in the region especially important.

Following the survey, Suraj presented her findings to the deployment planning officers, and her recommendations will help ensure that the personnel deployed in support of this mission remain healthy and on the job. This is just one example of NEPMU-7's behind-the-scenes role, taking care of those details that most of Sailors and Marines take for granted.

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Headline: Seeking Gulf War Veterans exposed to depleted uranium

From the Department of Defense

WASHINGTON--The Department of Defense and Department of

Veterans Affairs are contacting veterans of the Gulf War that may have come in contact with depleted uranium. The program is designed to ensure that veterans with higher than normal uranium levels in their bodies as a result of depleted uranium exposure are identified and offered examinations.

The Pentagon's Gulf War illnesses office recently released their report on depleted uranium exposures during the Gulf War. The report points out that it was during the Gulf War that depleted uranium, in the form of armor-piercing munitions and reinforced tank armor, was first used on the battlefield. Many experts agree that depleted uranium played a key role in the overwhelming success of U.S. forces during the Gulf War. However, its chemical and radiological properties gave rise to concerns about possible combat and non-combat health risks associated with depleted uranium use. Therefore, Defense officials have decided to locate and evaluate veterans who may have had been exposed to depleted uranium.

The program that was developed is an expansion of the ongoing work of Dr. Melissa McDiarmid of the Baltimore Veterans Affairs Medical Center. Since 1993, she has performed evaluations and follow-up of 33 service members wounded by depleted uranium during friendly fire incidents during the war. McDiarmid's program is set up to screen individuals for elevated levels of uranium in their urine.

Using Dr. McDiarmid's work as the blueprint for the new program, Bernard Rostker, the DoD's special assistant for Gulf War illnesses, says his team will launch the new program by contacting those veterans with the highest exposures to depleted uranium.

Officials anticipate that it will take approximately one year to locate and notify people, complete the physical examinations and get the laboratory results back for the program analysis.

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Headline: Who are you? DNA registry knows
By Douglas J. Gillert, American Forces Press Service

ROCKVILLE, Md.--A deep-freeze warehouse containing foolproof identifications of more than a million, Sailors, Marines, Soldiers and Airmen exits just outside of Washington, D.C.

In the freezer reside the DNA "fingerprints" of nearly two-thirds of all active duty and reserve component service members. By the turn of the century, everyone in uniform will have a DNA card on file.

"Each card holds two drops of blood that form stains about the size of 50-cent pieces," said Air Force Dr. (Col.) Vernon Armbrustmacher. "That's enough to establish the DNA identification. We keep the specimens in vacuum-sealed envelopes with a desiccant to keep them dry, and freeze them at minus 20 degrees Celsius [minus 4 degrees Fahrenheit]."

The Armed Forces Institute of Pathology, at Walter Reed Army Medical Center in Washington, set up the DNA registry and repository shortly after Desert Storm. Defense leaders wanted a better means of identifying human remains than fingerprints and dental records.

"With battlefield casualties, bodies don't always produce fingerprints or dental information," said Armbrustmacher, chief deputy medical examiner for the Armed Forces DNA Identification Laboratory in Rockville, Md.

"This is a very simple program, solely for the identification of remains," said Armbrustmacher.

Normally, the registry will retain DNA cards for 50 years, the same length of time military medical records are kept on file. Once you complete your full service obligation, you can also request destruction of your DNA record. The required form and instructions are available from:

Armed Forces Repository of Specimen Samples for the Identification of Remains, 16050 Industrial Drive, Suite 100, Gaithersburg, MD 20877.

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Headline: TRICARE question and answer

Question: What is a Primary Care Manager?

Answer: A primary care manager (PCM) is a medical professional, or a team of providers, in a military hospital or clinic, or in a civilian network, who will assume primary responsibility for providing, arranging and coordinating an enrollee's total health care. A physician designated as a PCM could be one who practices in general or family practice, internal medicine, pediatrics and ob/gyn. Nurse practitioners and physician's assistants who are privileged to provide primary care services may be organized as part of the PCM team.

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Headline: Healthwatch: Breast Self-Exam: Why, When and How?

WASHINGTON -- Physicians and the American Cancer Society recommend that all women over age 20 examine their breasts once a month.

Regular self-examinations help you get to know how your breasts normally feel, which can make recognizing a change much easier. The earlier you detect a problem, doctors say, the better your chances of successful treatment. The good news is most breast lumps aren't cancerous. Only a doctor can tell for sure, though. Delaying a diagnosis of breast cancer doesn't change the facts -- it only worsens the outcome.

Physicians say the best time to do a self-exam is every month, two to three days after your menstrual cycle ends. If you have an irregular cycle, do the exam on the same date each month, the first or 10th, for example. Be aware that breasts may feel lumpy or tender during pregnancy, just

before your cycle and if you take hormones. If you're on hormone treatment, ask your doctor for advice.

To conduct a self-exam the Breast Cancer Information Service provides the following guidelines.

1. Lie down on your back. Place a pillow under your right shoulder and place your right arm behind your head.

2. Use the sensitive pads (where your fingerprints are) of the middle three fingers on your left hand. Feel for lumps using a circular, rubbing motion in small, dime-sized circles without lifting the fingers. Exam the every part of the breast tissue in a line, circular or wedge pattern.

3. Press firmly enough to feel different breast tissues. Use three different pressures: light, moving the skin without jostling the tissue beneath; medium, pressing midway into the tissue; and deep, probing to the ribs or to the point just short of discomfort.

4. Completely feel all the breast and chest area up under your armpits, and up to and along the collarbones to your shoulders.

5. After examining your right breast completely, use the same method on your left breast with your right hand and a pillow under your left shoulder.

Self-examination is a woman's first line of defense to detect in abnormalities. Women find most lumps themselves. If you find any lumps, thickenings or changes, contact your physician immediately.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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